information sharing should be made for internal and external purposes. As Freedom Medicine transitions its program out of Pakistan, documentation of the clinic and paramedic activities should be transferred to the WHO Health Database. Coordinating the flow of information under one system is an important step toward improving the effectiveness and efficiency of healthcare activities in Afghanistan.

Monitors' Narrative of Journey
Badakshan Province
August-September 1990

On 1 August we left the Freedom Medicine Peshawar office for our monitoring mission in Badakshan Province. On the way to the Shahi Salim border point, we were caught in an unexpected rainstorm in the Chikdora area. An electric wire struck our vehicle and tragically killed the assistant of the driver. The next day we travelled to Chitral and moved to the Toop Khana Pass. Here, we faced several problems, such as food shortages, exceptionally hot whether conditions, and illness. We spent almost 18 days travelling from the Khana Pass to the the first clinic site in the Kasham District. On 19 August we arrived at Khairuddin Karargah. We met with the general commander of Badakshan province in Keshm District.

1. A. Fatah - Dentist

A. Fatah was originally working as a dentist in a hospital in the center of Keshrn district. There were several doctors and medics available in the facility. Unfortunately, the hospital was destroyed during a bombardment in April 1990. Fatah relocated his clinic and is now temporarily working in Sanglakh village in Keshm district. Fatah's new clinic has only room and is without medical equipment and supplies. Overall, the clinic is small but in good condition. Fatah is not assisted by other paramedics and therefore only practices dentistry at the clinic.

Fatah was in Peshawar during the evaluation but his assistant was available to answer the monitors' questions. Recommendations from the General Commander indicate that Fatah is a hard-working paramedic who is well respected by the local villagers. The local mujahideen are currently reconstructing the hospital and Fatah is expected to return to his former location in several months.

The road to Darajun was closed due to tension between two political parties - Hizbi Islami (HIA) and Jamiat Islami (JIA). We travelled for four days and arrived at Khash on 25 August. We then crossed the Kargasi Pass and entered the Darajun Valley.

2. Amanullah FM10 and Saddruddin FM 9

The two medics were recently consolidated to work together in one clinic. According to the area Commander S. Amir, Amanullah and

Saddruddin are honest and hard-working paramedics. The local villagers also expressed their respect and satisfaction with the healthcare services provided by the two medics.

Both medics were in Peshawar for resupply but their assistant, Mirza Alidad, was available to complete the questionnaire (The medics were consolidated while in Badakshan and both had to return to Peshawar to complete the necessary doocuments for their new resupply procedures).

The clinic appeared to be in good condition. Medicine storage was organized and complete and there was sufficinet space for the medics' to conduct their work. There is little need for structural repair.

3. S. Mahboobullah FM 10 - Teshkan Clinic

We visited S. Mahboobulah's clinic on 28 August. The local commander, Khairuddin, was pleased with the activities and services provided by Mahboobulah. The villagers confirmed his good work and his strong reputation in the area.

Mahboobulah was waiting for the arrival of his medicines and was available for an interview. (While travelling through Chitral to his clinic, Mahboobullah's money was stolen. He borrowed enough to transport half of his medicines to his clinic. However, the remaining medicines remain at the Gharmi border. The SP Director contacted the medic's representative in Peshawar and the Chitrali police to further investigate the matter. FM is currently waiting for more information).

His clinic appeared to be in good condition. There are four separate rooms for examinations, patients (waiting), medicine storage, and records. Currently, Mahboobullah's clinics is the only healthcare facility in a large region comprising approximately 30 villages. (There was an MSF clinic in the area but it recently closed) Consequently, there were many people waiting for his services throughout the day.

4. Abdul Qadir FM6

Due to political problems in the area, A. Qadir recently moved his clinic location form Chatraq to Spingal. On 30 August, we met Mutaza, the leader of the mujahideen group. Most of the people were pleased with the quality of service provided by Qadir. Some mujahideens, however, claimed that A. Qadir does not report to the clinic on a regular basis.

The appearance of the clinic was inadequate. Medicines were located in one room in a disorganized manner. There was no pharmacy cabinet nor locked facility for storage. The paramedic requested another generator, explaining that his previous one was recently stolen.

5. Nazim FM 6 - Yattal Clinic

We visited Nazim's clinic in the Hazar Sib village on 31 August. We encountered some difficulty en route to the clinic. We had to cross the Kokcha river (The road to the clinic was out) and then arrived in the midst of a dispute between two JIA commanders in the area, Wasiq and Abdul Basir. Both incidents detained our travels. We did not meet the local commander but were told by the villagers that Nazim was an excellent medic and his services were well administered.

The clinic was in good condition.

After leaving Nazim's clinic we met two delegates from a U.N. mission (Nasir from Egypt and Martin from France). They had just returned from Darwaz District where Abdullah's (FM 6) clinic is located. They provided us with a positive report of Abdullah, as well as pictures of the clinic. Other local villagers confirmed their report.

6. Lutfikhuda and Bismullah FM

We moved from Yaftal on 2 September and arrived at Lutfikhuda and Bismullah's clinic in Baharak on 7 September. Although Bismullah was not at the clinic, Lutfkhuda was available for an interview.

Both medics were recently consolidated into this clinic. The facility is in excellent condition. Structurally, the building is sound and with very little war damage. The interior is well maintained and clean. Medicine storage is secure and organized. The clinic also enjoys the use of a vegetable garden.

We met the general commander of the district, Najmuddin Wang. He expressed his satisfaction with Freedom Medicine, and in particular, Lutfikhuda. He said that the medic has proven extremely helpful to the village and district, especially in crucial times where there are no available physicians. Najmuddin told us that the clinic is open on a 24 hour basis. He indicated that he would like to use Lutfikhuda'a clinic as a model for establishing other clinics in the area.

We left Baharak and arrived in Peshawar on 20 September.

Freedom Medicine Monitoring Mission
Clinic List for Badakshan Province

Name	S/O	District Village	Commander Amir	Party
1. Bismullah (FM 7)	M. Mussa	Baharak Baharak	S. Najmuddin S. Najmuddin	JIA
Lutfikhuda (FM6)	M. Yarkhan			JIA
2. S.Mahboobul'h (FM 10)	G. Rabani	Kesham Dehsaydan	S. Khairuddin S. Muhaiddin	JIA
3. S. Amanullah (FM10)	S.Buzerkjon	Chopa-Darayini Center	S. Amir Fakhir	JIA
Sadruddin (FM 9)	Juma Khan			
4. A. Fatah (Dentist)	M. Anwar	Sangab Keshm	S. Ariamor Arianpoor	JIA
5. M. Nazim (FM 6)	A. Ahad	Hazar Sib Center	Mullah Mossa Arianpoor	JIA
6. A. Qadir (FM 6)	M. Saleem	Spingal Center	Mutaza Najmuddin	JIA
*7. Abdullah (FM 3)	Jakangul	Darwaz Jarf	A. Khaliq Saminullah	JIA

*Abdullah was not visited by the monitors due to the distance of his clinic in Darwaz. However, during the mission, the monitors received a positive report about Abdullah from a UN delegation who evaluated Darwaz district.

CLINIC CHARACTERISTICS – BADAKSHAN PROVINCE

CLINIC	# ROOMS	LATRINES	WATER SOURCE	WASTE DISPOSAL
1. Bismullah/ Lutfikhuda	4	None	River/Drinkable	Burn/Bury
2. Mahboobulah	3	None	River/Drinkable	Burn/Bury
3. Amanullah/ Sadruddin	4	None	River/Drinkable	Burn/Bury
4. A. Falah	1	None	Stream/Drinkable	Burn/Bury
5. M. Nazim	3	None	Stream/Drinkable	Burn Bury
6. A. Qadir	2	None	Well/ Drinkable	Burn/Bury

CLINIC CHARACTERISTICS* - BADAKSHAN PROVINCE

CLINIC	PATIENTS/DAY	M W C	SERVICES	NEAR FACILITY	# ASSIST
1. Bismullah/ Lutfikhuda	50	15/15/20	Malaria Control	Med. Shop	3 Asst. 2 Medics
2. Mahboobulah	30	11/9/10	Malaria Control MCH Training	Hospital/10K	2
3. Amanullah/ Sadruddin	30	14/12/4	Malaria Control MCH Training	None	1 Asst. 2 Medics
4. Fatah	28	13/10/5	Malaria Control Vaccinations	Clinic/18K	1
5. Nazim	28	16/5/7	Malaria Control	Hospital/6K	2
6. Qadir	33	14/13/6	Malaria Control	Clinic/20K	1

FREEDOM MEDICINE
MONITORING QUESTIONNAIRE
FOR CLINICS IN AFGHANISTAN

II. OBSERVATION OF THE FACILITY

4. Please take pictures of the following parts of the clinic:

   a. Front View
   b. Inside - where medicine is store
   c. Latrine
   d. Water Supply
   e. Garbage Disposal

5. In what type of location is the clinic situated ?

   a. Province center
   b. District center
   c. Sub-district center
   d. Village
   e. Outside village
   f. Military camp
   g. Other __________

6. Which facilities and activities are located within 30 minute walk from the clinic? (Circle those that apply)

   a. School
   b. Bazaar
   c. Pharmacy
   d. Government offices
   e. Mujahideen camp
   f. Agricultural activity
   g. Other _____

7. What type of building is the clinic?

   a. Cement
   b. Stone
   c. Wood-frame
   d. Mud
   e. Cave
   f. Other ______

8. How much war-damage (or other) needs repair ?

a. None
b. Windows-doors out
c. 25% structural-damage
d. 50% structural damage
e. 75% structural damage
f. Other ___________

9. What is the electricity source ?

a. None
b. Generator (kw)
c. Powerline from ________
d. Other ___________

10. What is the heat source?

a. None
b. Kerosene
c. Wood
d. Dung
e. Electric
f. Other ______

11. What is the water source?

a. None
b. Well
c. Spring
d. River
e. Stream
f. Karez
g. Canal
h. Other ________

12. Is the water from this source(s) available year round? If not, during which seasons is it available?

a. Yes
b. No ___________

13. What is the distance from the water supply to the clinic?

a. Less than thirty meters
b. Between 30 and 100 meters
c. More than 100 meters

FREEDOM MEDICINE
MONITORING MISSION REPORT
Badakshan Province

I. Introduction

A Freedom Medicine (FM) monitoring mission was conducted in Badakshan Province during the months of August-September 1990. Two FM monitors spent six weeks evaluating six FM clinics in the region. The objective of the mission was twofold. For quantitative purposes, the monitors verified the presence of FM medics and the clinics in which they work. Qualitatively, the mission was designed to assess provincial healthcare problems and the types of services provided at each clinic. The monitors also evaluated the political and economic situations, security issues and activities of other health care agencies in the province. A systemic approach was taken during this mission in order to provide a more comprehensive picture of the health care problems and activities in Badakshan. 1

This report summarizes the monitors' findings and provides recommendations for future paramedic and clinic activities. The analysis is organized into eight sections; General Background, Observation of the Facility, Population Served By the Clinic, Equipment and Medical Supplies, Record-Keeping, Area Healthcare Problems/Clinic Services, Transportation/Medical Supply Line and Summary and Recommendations. Following is the monitors' narrative of their trip. This brief addendum embellishes the report by providing a useful account of transportation and security problems in the area, as well as first-hand descriptions of the medics and their clinics.

These results will serve as a tool for paramedic debriefings, FM's paramedic database and future monitoring missions. All information will be provided to the World Health Organization's (WHO) "WHO Health Database" and "Health Facilities Map" as part of the community-wide effort to standardize healthcare activities and facility locations in Afghanistan. The data will also be instrumental in Freedom Medicines' efforts to consolidate its clinics in Afghanistan.

1. Thami, B. - Discussion Paper on Monitoring, Agency Coordinating Body for Afghan Relief (ACBAR), Peshawar, Pakistan, 1989, p.4.

14. How is the water transported to the clinic?

a. By pipe
b. Pumped out by hose
c. Bucket
d. Other ________

15. The quality of the water is:

a. Good (Drinkable without sterilization)
b. Should be boiled

16. Please describe the latrine facilities (Circle all that apply).

a. None
b. Yes - functioning
c. Yes - but not functioning
d. Separare facilities for men/women
e. One facility
f. Other __________

17. How far is the latrine from the water source?

a. Less than 30 meters
b. Between 30 and 100 meters
c. Over 100 meters

18. Are the following rooms located in the clinic? If so, how many? Are there medical supplies, equipment and healthworkers working in these rooms? Please indicate for each.

	Functioning	*Supplies/equip.*	*Healthworker*
a. Examining rooms (M/F)			
b. Dispensary			
c. Storeroom			
e. X Ray Room			
f. Laboratory			
g. Waiting Rooms (M/F)			
h. Teaching area			
i. Operating room			
j. In-patient beds/spaces			

19. What is the total # of rooms in the clinic (excluding kitchen area and latrine) ?

____

III. POPULATION SERVED BY CLINIC

20. How many villages does the clinic serve? Please name villages and their distances to the clinic.

Village	*Distance to clinic*
a. ______________________	______________________
b. ______________________	______________________
c. ______________________	______________________
d. ______________________	______________________

21. What is the estimated population served by the clinic?

a. Less than 5,000
b. Between 5,000 and 10,000
c. Between 10,000 and 20,000
d. Between 20,000 and 50,000
e. More than 50,000

22. What is the average number of patients seen per day at the clinic?

a. __________
b. Those not seen ______

23. Of the patients seen per day, how many are:

a. Male ______
b. Female ______
c. Children (under 5 yrs) ______

IV. EQUIPMENT, MEDICINES AND SUPPLIES

24. Where are medicines stored?

   a. In clinic
   b. In medic's house
   c. In pharmacy room
   d. In a karaga
   e. Other _____

25. What best describes the manner in which medicines are stored ? (Circle those that apply)

   a. Dirty area (mice, etc.)
   b. Dry, clean area
   c. Locked
   d. Easily accessible
   e. Other _____

26. Is an inventory checklist taken and used for counting stock? Where does it go? Please obtain a sample.

   a. Yes _____ ____________________________
   b. No _____

27. What equipment is present <u>and working</u> in the clinic? If the equipment is not present, leave the space blank. If it is present and functional, put an "X" in the "Good" column. If it is present but not functional, put an "X" in the "Bad" column and explain the problem briefly.

Equipment	*Good*	*Bad*	*Problem*
1. Stethoscope			
2. Thermometer			
3. BP Cuff			
4. Baby scale			
5. Oxygen tanks			
6. Exam table			
7. Anaesthesia machine			
8. X-ray equipment			
9. Dental equipment			
10. Sterilizers			
11. Dressing trolly			

12. Operating table ______________________
13. Amputation instr. ______________________
14. External fracture fix. instr. ______________________
15. Internal fracture fix. instr. ______________________
16. Suction equip. (respir.) ______________________
17. Microscope ______________________
18. Otoscope ______________________
19. TB slides(Carbon Fuchsin stain AND either______________________
Methylene Blue OR Malachite Green stain)
20. Malaria slide supplies (Giemsa OR Field stain)______________________
21. Autoclave ______________________
22. Hematocrit/Hemoglobin instr.______________________
23. Suture/needles ______________________
24. Vaccine refrig, (type) ______________________
25. IV stand ______________________
26. Laboratory record book ______________________
27. Other________ ______________________

28. What form of sterilization method(s) is used for instruments and dressings? (Circle those that apply)

a. Boiling
f. Alcohol
b. Autoclave
d. Rinsing w/water
e. Formal tablets
g. Savlon
c. Pressure cooker
d. Other ________

29. How are medical wastes disposed (dressings, syringes)?

a. Tossed outside the clinic
b. Burn and bury in pit
c. Open trash area
d. Other ______________

V. RECORDKEEPING

30. Are green books present in the clinic? If so, are they used by the healthworkers?

a. Yes present/used
b. No not used

31. Ask the healthworker why he thinks he is filling out the green book. What is the purpose of the green book?

____
____
____
____

32. Are other records kept? Please obtain sample forms. (Circle those that apply)

a. Patient medical records
b. X-rays
c. Prescription records
d. Other ____

VI. CLINIC SERVICES/PROGRAMS

33. Which of the following services does the clinic provide? Briefly describe each program (Indicate workers available, special area in clinic for this service, etc.).

Service	*Description of Service*
a. Pre/post-natal care	____________________
b. Dai Training	____________________
c. Well Child, Growth Monitoring	____________________
d. Other MCH	____________________
e. Immunization	____________________
f. Rehabilitation	____________________
g. Prostheses	____________________
h. Tuberculosis	____________________
i. Malaria Control	____________________
j. Health training	____________________
k. Patient & Community Education	____________________

(i.e. Outreach, posters, home visits, training etc.)

VII. HEALTH PROBLEMS

(When completing the questions in this section, please refer to written records, if possible. Otherwise, get estimates from the most informed healthworker. Indicate source of information)

34. Which of the following common health problems have been diagnosed in the last 100 patients seen? (Indicate summer and winter months separately)

Information Source: Records ( ) Healthworker estimate ( )

Health Problem	*# per 100/Summer*	*# per 100/Winter*
a. Diarrheal diseases (dysentary, amoeba)		
b. Respiratory diseases (colds, pneumonia, bronchitis)		
c. Malaria		
d. Eye diseases (conjunctivitis, trachoma)		
e. Skin diseases (excluding leprosy)		
f. Gynecological problems		
g. Nutritional problems		
h. Mine injuries		
i. War injuries (non-mines)		
j. Various symptoms		
(headaches, weakness, etc.)		
k. Other ________		

35. Which of the following special health problems have you treated, cared for, or diagnosed during the last 4 weeks and/or 3 months?

Information Source: Records ( ) Healthworker estimate ( )

Health Problem	*Last 4 Weeks*	*Last 3 Months*
Malaria (treated)		
Pregnancy related (cared for)		
Neo-natal tetanus (heard about)		
War injuries(not-mines/treated)		
Mine injuries (treated)		
Tuberculosis		

Measles (children under 5) ____________________
Polio (heard about) ____________________
Leprosy (diagnosed ____________________
Goiter (diagnoed) ____________________
Other health problems ____________________

36. What are the three most recent causes of death for men, women and children? Please list the last three deaths that have occurred in your clinic in the past month, the age of the patient and the date of the death.

Information Source: Records ( ) Healthworker estimate ( )

	Diagnosis	*Age*	*Date of Death*
MEN			
WOMEN			
CHILD.			
(under 5)			

VIII. REFERRAL SERVICES

37. To whom are difficult cases referred? How many referrals have made made during the past 3 months?

Referral	*Aver. # per week*	*Total# (3 mos)*	*Name/Location*
a. Does not refer cases			
b. Other village facility	______		____________________
c. Other district facility	______		____________________
d. Pakistani facility	______		____________________
e. Afghan facility	______		____________________

38. What other health facilities are located in the district? Please state the type of facility, the organization name, the distance from clinic, and whether or not a fee is charged.

Facility	Organization	Distance	Fee charged
________	________	________	Yes No
________	________	________	Yes No
________	________	________	Yes No

IX. ADDITIONAL STAFF

39. Please provide the following information for each healthworker/ health care provider who works at the clinic (not guards, cleaners, etc.).

Name	S/O	Home (prov/district)	Title	Training (where/# mos)	Amt.Salary (paid by)
1.					
2.					
3.					
4.					
5.					

X. MEDICAL SUPPLY LINE

40. What method(s) of transportation is used to transport medicines from the Pakistani border to the clinic? How many days does it generally take?

	# of days
a. Truck	________
b. Motorcycle	________
c. Pack animal	________
d. Porter	________
e. Other	________

41. Medicines leave Pakistan via:

a. Azam Warsak
b. Chitral
c. Miran Shah
d. Quetta
e. Teri Mangai
f. Other ________

42. Were any routes closed? If so, which ones? Why?

____
____
____

43. The medicines arrived at the clinic:

a. All intact
b. Some amount was damaged. (Approximate #_____ of total)
c. Other ______

44. What improvements, if any, can be made in transporting medicines?

____
____
____
____

EVALUATION SUMMARY

45. Please provide an overall assessment of the healthworkers and the clinic in which they work. Use a scale of 1-5, where 1 is poor, 5 is excellent.

	Poor		Fair		Excellent
a. Clinic appearance	1	2	3	4	5
b. Clinic cleanliness	1	2	3	4	5
c. Clinic organization/management	1	2	3	4	5
d. Clinic effectiveness	1	2	3	4	5
e. Healthworker's conduct with patients	1	2	3	4	5
f. Healthworker's respect by community					
Comments ____________	1	2	3	4	5
____________	1	2	3	4	5
____________	1	2	3	4	5
g. Healthworker's attitude toward work	1	2	3	4	5
h. How cooperative have the healthworkers been?	1	2	3	4	5

46. Please indicate any additional information or problems you encountered during the evaluation.

____

____

____

____

II. Methodology

The methodology of selecting the mission location and number of northern clinics was based on accessibility concerns and evaluation needs. Because of its far distance north, Badakshan Province is difficult to access, particularly during the winter. Reports from the United Nations and the PVO community indicate that missions to the north and west can take several months. By monitoring the Badakshan clinics during the summer, the monitors were less likely to have transportation problems (snow covered roads, etc.). Further, based on the FM monitoring program, all clinics are planned to be monitored at least once per year. Thus, the six Badakshan clinics were scheduled as part of the 1990 mission agenda. The 4-6 week time frame chosen was based on a geographic and logistical assessment of the area. One clinic in Darwaz District was omitted from the mission route. It is located on the northern border of the Soviet Union and takes approximately eight days (RT) to access in good weather. (This clinic was assessed by a United Nations (UN) delegation in August,1990.)

The Freedom Medicine monitoring questionnaire was compiled from various PVO health surveys provided by The Coordination of Medical Committees (CMC). The questionnaire emphasizes the performance of individual paramedics and their clinics. Some modifications were made since the last mission in November 1989 to include standard WHO questions on the quality of area healthcare. In comparison to the November mission, this evalution is more systemic in its approach. Stronger emphasis was placed on the nature and quality of the healthcare system in the entire region.

The questionnaire consists of 46 questions and is divided into 11 parts; 1. Facility Identification Information, 2. Observation of the Facility, 3. Population Served by the Clinic, 4. Equipment, Medicines and Supplies, 5. Recordkeeping, 6. Clinic Services and Programs, 7. Area Health Problems, 8. Community Referral Services, 9. Staff Assistance, 10. Medical Supply Line and 11. Summary Assessment.

The monitoring team successfully completed six questionnaires and received eight supporting letters from commanders and local villagers. The monitors also took photographs of the clinic facilities and the surrounding environs (A picture report and original copies of all photographs are maintained in the Special Projects Office at Freedom Medicine).

Two monitors shared the interviewing responsibilities. The method of information gathering included personal observations and interviews with the paramedics or assistants at each clinic. The monitors communicated with the Special Projects Department in Peshawar throughout their trip. FM medics and local commanders also verified the presence and activites

of the monitoring team. Upon completion of the mission, the monitoring team returned to the FM Peshawar office for debriefing. All information was then translated from Dari into English, analyzed and compiled into this written report.

III. Constraints of Data Collection

The monitoring team travelled by foot, pack animal and public transportation when available. Where roads were bad or unsafe, the team hired a guide or proceeded to another clinic.

The monitors successfully visited all six clinics and completed questionnaires for each one. It is important to note that the small number of clinics evaluated prevents extensive quantitative analysis. The results derived from the raw data should not be considered for their absolute value, but rather, for relative purposes. Thus, the information is useful to verify clinic locations and to compare medic activities with previous report findings.

The monitors encountered some difficulty in traveling due to poor road conditions and security problems (see Appendix i - Monitors' Narrative). To reach many of the clinics, the monitors traversed roads that were damaged by bombardment or insecure due to the presence of mines and/or government troops. As a result, the time period was extended by two weeks.

IV. Background Information

Badakshan Province is located in the northern-most region of Afghanistan. It comprises six woleswalis (districts) and five alaqadaris (sub-districts) in an exceptionally mountainous area. The woleswalis include Keshm, Jamu, Baharek, Darwaz, Wakhan and Ragh. The alaqadaris are Koran Munjan, Zibak, Eshkashim, Shahri Bezerg and Khahan. Faizabad is the center of the province.

Badakshan is bounded by Tajiskistan (USSR) to the north, China to the east, Konar province and Pakistan to the south, and Takhar and Kapisa provinces to the west. The Amos River separates Badakshan from the USSR. The Kokcha River, which is sourced from the Pamir mountains in the northeast, divides the province into a northern and southern region. The total land mass is 40,886 square kilometers.

The total population of Badakshan is estimated at 554,374. There are currently 315 refugees from Badakshan living in Pakistan.2 The main language spoken is Dari, however, there are pockets of Turkish and Uzbak-speaking tribes in the Pamir and Argo areas respectively.

The Jamiat-I-Islami (JIA) party is strongly represented in Badakshan and unites most of the province. The Hizbi -I-Islami party has two groups of mujahideen in the Keshm and Argo areas (near Faizabad). Shura-e-Nezar controls three districts in the province; Baharak, Jurm, and Keshm. There are also two woleswalis (Wakhan and Darwaz), and two alaqadaris (Eshkashim and Zebak) under the control of the Najibullah government. In these areas, travel and security conditions are sometimes problematic. All other areas of Badakshan are free.

Food shortages are characteristic of the region, particularly during the summer months. The minimal subsistance farming available is based upon fruit production and livestock management. The main products for export include wool, dried fruit, precious stones (lapiz, gold, rubies and emeralds), nuts (walnuts, pistacios) and meat.

At the current time, there is a limited number of non-governmental organizations (NGOs) active in the region. Freedom Medicine is one of the few healthcare agencies in Badakshan. After the recent death of a Medicien Sans Frontiers (MSF) physician, the French organization withdrew their vaccination program and closed three clinics in the province (formerly in Tishkan, Yaftal and Jurm).

Afghan Aid occasionally conducts agricultural missions in the area.

2. Eighmy, Thomas H. Ph.D, - UNITA/Mapping Service - AFGHANISTAN, Population Estimates by Districts, Office of A.I.D. Representative for Afghanistan Affairs, Peshawar, Pakistan, Sept. 1990

V. Observation of the Facility

The monitoring team took photographs of the clinics which include observations of the interior and exterior of the clinic, water supply, latrines, storage rooms for medicines and garbage disposals. (Problems with the camera prevented the monitors from taking complete photographs of all clinics. However, based on the monitors' debriefing report, useful descriptions were made.)

Five clinics are located within village areas and one is situated in the center of a district.

Four clinics were constructed by the local commander, one was built by the paramedic, and one by the local mujahideen. From the pictures available, the clinics appear to be structurally sound. All six clinics are comprised of mud, and two are also composed of stone.

Overall, clinic appearance is good, with limited aesthetic improvements needed. Four clinics have no war damage*, one has very minimal damage (5%), and one clinic was recently completely destroyed. In the latter case, the paramedic temporarily relocated to a one room facility. His former clinic is currently being reconstructed by local mujahideen.

Excluding the kitchen and latrine facilities, four clinics have 3-4 rooms, one clinic has two rooms, and the one temporary clinic has one room (the previous clinic had three rooms). Clinics with only 1-2 rooms are clearly in need of larger space. In these cases, medics perform most health care services in one room (i.e. using the waiting rooms as examining rooms).

The power sources utilized by each clinic vary. Three clinics use a generator (2200 kw) for electric power (supported by FM), one relies on kerosene and two clinics reported having no source of electric power.

Three clinics rely on a river for their water source, two clinics use the nearby stream, and one clinic depends upon a well. Water was reported to be available year round except for the clinic that relies on a river. All of the clinics indicated that the water is drinkable without boiling.

None of the clinics have latrine facilities. The need to establish separate latrines for men and women in each clinic is particularly important. Facilities that ensure proper hygiene and sanitation (i.e. wash basin, soap) should also be included and maintained.

* In this report, war damage is defined as building destruction incurred after 1979 as a result of area bombardment.

VI. Population Served By Clinic

The estimated total population served by the clinics is exceptionally large, as compared to previous clinic population ratios. Two clinics provide healthcare to 16,000-20,000 (13-14 villages), two serve 50,000 - 60,000 families (10-12 villages), and two clinics serve between 80,000 and 90,000. One of the possible reasons for the unusually large population ratios is the lack of health care facilites in the Badakshan region. Freedom Medicine clinics are among the few facilities available in the province. Consequently, the medics treat patients from numerous villages.

The number of patients seen per day reflects the clinic/population ratios. Five clinics reported seeing approximately 30 patients per day. One clinic treats 50 or more patients per day. The average number of patients by gender treated per day is; 13 men, 11 women and 12 children. As compared to other FM clinics, the Badakshan medics treat approximately five more patients per day (The average # of patients seen at FM clinics is 25). Further, in three clinics, approximately 10-15 patients are left unseen each day due to the medics' workload.

VII. Equipment and Medical Supplies

Medicine storage and management of supplies is very good. In four clinics, the medicines are stored on shelves in the examining room. One clinic has a separate storage facility for the medicines. Five clinics have medicine storage areas that are described as dry, clean and well-secured locations. One clinic was given an unsatisfactory rating in this area.

The clinics utilize common methods for sterilizing equipment, instruments and dressings. All six clinics boil their instruments and equipment as part of the sterilization procedures. One clinic also uses formal sterilization tablets.

All six clinics dispose of their medical wastes by burning and burying the wastes in a pit outside of the clinic.

VIII. Record-Keeping

Medics from all six clinics reported that green books are present and used. In five clinics, the paramedics report that they complete their greenbooks after each patient and in one clinic, statistics are entered once every week. The monitors also inquired about the paramedics' knowledge of the greenbooks. When asked, "What is the purpose of the greenbook," all paramedic/healthworkers responded, "To chart the evolution of patients and the types of medicines prescribed."

In all clinics, greenbooks are the only source of record-keeping. In this sense the books are tools for documenting the medics' activities and area health care problems. It is important to note, however, that the accuracy of greenbook data is questionnable. The method of charting the data and the information reported is subjective and therefore a weak source of meaningful statistical analysis.

IX. Healthcare Problems/Clinic Services

The monitors inquired about the nature of the healthcare problems diagnosed in each village over a 3 month period in both summer and winter months. Based on records from May-July 1990, the three most commonly diagnosed healthcare problems in Badakshan were diahhrea (average 30 cases per 100), malaria (23 cases per 100), and weakness/physical pain (14 cases per 100). In the 1989 winter months, the problems most commonly diagnosed were respiratory infections (35 cases per 100), weakness/physical pain (26 cases per 100), and diahhrea, (9 cases per 100). Other illnesses, such as mine and war-related injuries, were reported by all clinics, but in relatively small numbers.

Further inquiries were made regarding health problems treated in the four weeks prior to the monitors' visit. Based on the greenbook data, the three most commonly treated illnesses during June 1990 were malaria, gastrointestinal problems and war-related injuries. Other commonly treated problems were tuberculosis, measles, leprosy and goiter.

During the June 1990 time period, the three major causes of death reported for men , women and children were malaria, pregnancy-related complications and diahhrea, respectively. Two clinics reported malaria and typhoid as additional causes of death for children in their villages. Greater specifics on the reported healthcare problems and gender-specific deaths can be obtained from the WHO database.

A variety of health care services are administered by the clinics. All six clinics work toward preventing and controlling malaria by distributing malaria tablets. (The tablets are included in the SCA medicine supply. The amount provided in relation to the amount distributed is insufficient. Medics provide tablets on a daily basis and may not have enough supplies available if an outbreak occurs.) In addition, two clinics implement maternal and child health care training (MCH) in the form of health education, DAI training and nutritional counseling. Only one clinic conducted vaccination programs during the previous summer. Medics at all clinics indicated their interest in offering additional health education services. One of the major hindrances to such activities is the lack of specialized personnel, as well as physical resources (materials, equipment and supplies. All clinics use a referral service for specialized or

emergency cases. Four clinics use a district hospital, one uses a provincial hospital, and one clinic refers cases to a hospital in Takhar province. On average, the clinics refer 2-4 patients per week to the facilities indicated.

Four clinics have additional healthcare facilities within a 6-45 kilometer radius of the FM clinic. One clinic reported a medicine shop as its only healthcare facility and one clinic has no facilities within a 200 kilometer radius.

All of the clinics have assistants working with the paramedic. Three clinics have one assistant, two clinics have two assistants, and one clinic has three assistants. In addition, two clinics were recently consolidated and have two FM medics working together. Another clinic was consolidated and the medic was transferred to work in the Keshm District Hospital (which was recently destroyed).

Additional healthworkers have proven beneficial to the management of the clinic. Medics' reported that they are able to treat patients and operate their clinics more effectively with professional assistance than by working alone. Further, healthcare services are provided more consistently in clinics with a sufficient staff than in those without assistants. For example, during the monitoring mission, medics from three clinics were in Peshawar for resupply. Because there were assistants available, the monitors were able to complete the evaluations at each facility.

X. Transportation/Medical Supply Line

Medics transport their medicines to their clinics via the Chitral border point. From the border, the medics travel by pack animal to their clinics. The average time spent travelling from the border to each clinic is 15 days.

None of the medics interviewed reported having any problems transporting their medicines from Peshawar to Afghanistan. All medicines and supplies were received at the clinics intact.

XI. Summary/Recommendations

Overall, the Badakshan medics and their clinic activities are particularly strong. Given the lack of facilities, resources and services, the medics have successfully administered healthcare to large village populations. Letters of recommendation and support from commanders and local villagers also indicate that FM paramedics are well respected in the communities they serve. Five medics and their assistants received

positive reports from the monitors. One medic was described as somewhat problematic.

Clinic appearance was described as above average. The one area in need of improvement is the latrine facilties. Because no clinics have latrines, immediate efforts should be made to establish these facilties. A separate latrine for men and women should be constructed at each clinic. Adequate hygienic supplies and equipment (wash basin, soap) should also be provided.

There appears to be a lack of additional healthcare facilities in Badakshan. It is unlikely that the remaining FM clinics in the area will be further consolidated. Thus, efforts should be made to ensure that the existing clinics are well managed and accommodated. Sufficient rooms, equipment and supplies should be made available to the clinics so that the medics can adequately treat their numerous patients. (This responsibility should be gradually transferred from the supporting agency to the paramedics themselves).

Community service programs and referral systems should be developed at each clinic. Health education (nutritional counseling, disease prevention) is a cost-efficient and effective means of informing the populations about disease prevention. If possible, medics should secure relevent publications, posters, and written materials in Peshawar to distribute to their patients in Afghanistan.

Although the medics do an excellent job in treating the large populations they serve, additional healthworkers are needed at each clinic. Most important are specialized healthcare workers who could provide additional services at each clinic.

Clinic hygiene appears to be satisfactory. As compared to other clinic reports, the availability and quality of water is above average. Equipment, instruments and dressings are sterilized appropriately.

Record-keeping is conducted solely through the greenbooks. While the accuracy and validity of the greenbook data are questionable as a tool for statistical analysis, the books are the only means of documenting paramedic activities and healthcare problems. In this sense, the greenbooks should continue to be used by the paramedics.

The transportation of medicines and medics to their clinics is conducted in a timely and efficient manner, given the constraints involved in the resupply process. All of the clinics received their last resupply shipment intact. There were no complaints regarding the method of transporting medcines to the clinics.

Further area assessments of healthcare problems should be made. Emphasis should be increasingly placed on improving the quality of healthcare in each region. Improvements in the process and planning should be made as new information is acquired. Finally, greater

۷. تعمیر کلینیك از چه ساخته شده است؛
ای. سمنت
بی. سنگ
سی. چوبی
اِی. گِلی
اِف. سوف یا مغاره
جی. دیگر ________.

۸. صدمات جنگ چقدر است (یا دیگر) ضرورت دارد تا ترمیم گردد؟
ای. هیچ
بی. کلکین ها–دروازه های بیرونی
سی. ۲۵٪ ساختمان صدمه دیده است
دی. ۵۰٪ ساختمان صدمه دیده است
اِی. ۷۵٪ ساختمان صدمه دیده است
اِف. دیگر ________.

۹. منبع برق چه است؟
ای. موجود نیست
بی. جنراتور
سی. برق عمومی از ____________
دی. دیگر ________.

۱۰. منبع حرارت چه است؟
ای. موجود نیست
بی. تیل خاك یا دیزل
سی. چوب
دی. سرگین
اِی. برق
اِف. دیگر

۱۱. منبع آب چه است؟

ای. موجود نیست
بی. چاه
سی. چشمه
دی. دریا
اِی. جوی
اِف. کاریز
جی. کانال
اِچ. دیگر ________

۱۲. آیا در همه اوقات سال آب ازاین منابع بدست می آید؟ اگر نی، در کدام فصل سال میتوان ازین منابع آب را بدست آورد.

ای. بلی
بی. نی ____________.

۱۲. منبع آب از کلینیک چقدر فاصله دارد؟

ای. کمتر از ۲۰ متر
بی. بین ۲۰ و ۱۰۰ متر
سی. زیاده از صد متر

۱٤. آب چگونه به کلینیک انتقال داده میشود؟

ای. توسط نل
بی. توسط پیپ رابری
سی. سطل
اِی. دیگر ________

۱۵. کیفیت آب :

ای. خوب (بدون تعقیم یا جوش دادن قابل نوشیدن است)
بی. باید جوش داده شود.

۲۹. اشیای بیکاره طبی (درسنگ، سرنج ها) چطور و در کجا جمع آوری میگردد؟
ای. بیرون کلینیک انداخته میشود
بی. در گودال یا چقوری سوختانده ودفن میگردد
سی. در ساحه باز
دی. دیگر ________.

پنجم: نگهداری اسناد یا اوراق ثبت شده

۳۰. آیا کتاب های سبز در کلینیک حاضر است؟ اگر است، آیا کارمند صحی از آن استفاده مینماید؟
ای. بلی، حاضر است، از آن استفاده میگردد
بی. نی، استفاده نمیگردد.

۳۱. از کارمند صحی پرسیده شود که چرا کتاب سبز را خانه پری مینماید. هدف از خانه پری کتاب سبز چه است؟

____
____
____
____

۳۲. آیا اسناد یا اوراق دیگر کلینیکی نگهداری میگردد؟ لطفاً یك فارم نمونه آنرا بدست بیآورید. (بدور اسنادیکه از آن استفاده ونگهداری میگردد دایره بکشید).
ای. ریکارد صحی مریضان
بی. ایکسری
سی. ریکارد نسخه ها
دی. دیگر ________.

۱۶. لطفاً سهولت ها یا امکانات برای رفع حاجت را تشریح نمائید (بدور آنهای که از آن استفاده بعمل می آید دایره بکشید).

ای. موجود نیست
بی. موجود وقابل استفاده است
سی. موجود است ولی کار نمیدهد یا اینکه غیر قابل استفاده است
دی. بیت الخلای مردانه و زنانه از هم جدا است
اِی. مردان و زنان از یك بیت الخلا استفاده مینمایند.
اِف. دیگر ________.

۱۷. بیت الخلا از منبع آب چقدر فاصله دارد؟

ای. کمتر از ۲۰ متر
بی. بین ۲۰ و ۱۰۰ متر
سی. زیاده از ۱۰۰ متر.

۱۸. آیا اطاق های ذیل در کلینیك موجود است؟ اگر است، چند اطاق؟ آیا سامان ولوازم طبی، ادویه وغیره در آن موجود بوده و کارمندان صحی در آن کار مینمایند؟ لطفاً هر یك از آنها را معرفی نمائید.

	فعال	سامان ولوازم	کارمندان صحی
ای. اطاق های معاینه برای مرد ها و زنان			
بی. اطاق توزیع ادویه			
سی. اطاق ذخیره			
دی. اطاق ایکسری			
اِی. لابراتوار			
اِف. اطاق انتظار مردانه و زنانه			
جی. ساحه تدریس			
اِچ. اطاق عملیات			
آی. جای بستر مریضان بستری			

۱۹. تعداد مجموعی اطاق های کلینیك (به استثنای ساحه آشپز خانه وبیت الخلا) چند است؟

____

سوم.   جمعیتی که توسط کلینیک خدمت میشود.

۲۰. برای چند تریه کلینیک خدمات صحی را فراهم مینماید؟ لطفاً نام و فاصله تریه ها را نسبت به کلینیک بنویسید.

تریه	فاصله آن نسبت به کلینیک
ای. ________	________
بی. ________	________
سی. ________	________
دی. ________	________

۲۱. نفوس یا جمعیت تخمینی ایکه کلینیک خدمات صحی را برای آنها فراهم مینماید چقدر است؟
- ای. کمتر از ۵۰۰۰
- بی. بین ۵۰۰۰ الی ۱۰۰۰۰
- سی. بین ۱۰۰۰۰ الی ۲۰۰۰۰
- دی. بین ۲۰۰۰۰ الی ۵۰۰۰۰
- اِی. زیاده از ۵۰۰۰۰.

۲۲. اوسط تعداد مریضانیکه روزانه در کلینیک دیده میشود چند است؟
- ای. ________
- بی. آنهائیکه دیده نمیشوند.

۲۳. از مریضانیکه روزانه دیده میشوند:
- ای. مرد ها
- بی. زنان
- سی. اطفال (تحت سنین ۵ سال) ________

چهارم: ادویه، سامان ولوازم

۲۴. ادویه در کجا ذخیره شده است؟

ای. در کلینیك
بی. در خانه مدیك
سی. در اطاق فارمسی
دی. در قرار گاه
دیگر________.

۲۵. به چه اوصافی وروشی ادویه ذخیره شده است؟ (بدور طریقه ایکه ادویه ذخیره شده است دایره بکشید).

ای. در ساحه کثیف (موش ها وغیره)
بی. درساحه خشك و پاك
سی. در اطاق تفل شده
دی. به آسانی قابل دسترسی
اِی. دیگر ________.

۲۶. آیا کدام چك لست موجودی برای شمارش اشیا واجناس در دیپو موجود است؟ به کجا فرستاده میشود؟ لطفاً یك نمونه آنرا بدست بیاورید.

ای. ________ ____________________
بی. ________

۲۷. چه سامانی در کلینیك موجود بوده وقابل استفاده میباشد؟ اگر سامانی موجود نیست جای آنرا خالی بگذارید. اگر سامان موجود و قابل استفاده است در ستون کلمه ((خوب)) حرف ((ایکس)) را بگذارید. همچنان در ستون کلمه ((بد)) نیز حرف ((ایکس)) را گذاشته و مشکل را بصورت خلاصه توضیح نمائید.

سامان	خوب	بد	مشکل
۱. ستاسکوپ			
۲. ترمامتر			
۲. آله فشار			

Freedom Medicine Inc.

Providing Health Care Through Training



MONITORING MISSION REPORT

AUGUST - SEPTEMBER 1990

BADAKSHAN PROVINCE

خوب بد مشکل

۰۴ ترازوی اطفال ________________
۰۵ تانك آکسیجن ________________
۰۶ میز معاینه ________________
۰۷ ماشین انستیزی ________________
۰۸ سامان ایکسری ________________
۰۹ سامان دندان ________________
۰۱۰ ستریلایزر ________________
۰۱۱ اسباب درسنگ ________________
۱۲ میز عملیات ________________
۰۱۳ سامان امپیوتیشن ________________
۰۱٤ سامان برای فیکس نمودن شکستگی های بیرونی ________________
۰۱۵ سامان برای شکستگی های داخلی یا درونی ________________
۰۱۶ اسباب سکشن (تنفسی) ________________
۰۱۷ میکروسکوپ ________________
۰۱۸ اوتوسکوپ ________________
۰۱۹ سلاید تی بی (ستین کاربن فوکسین و میتالین آبی یا ستین سبز ملکتین). ________________
۰۲۰ سلاید وسامان ملاریا (جیمیسا یا فیلد ستین). ________________
۰۲۱ اوتوکلو ________________
۰۲۲ سامان هیماتوکریت ، هیموگلوبین ________________
۰۲۲ تار و سوزن جراحی ________________
۰۲٤ یخچال واکسین (نوع) ________________
۰۲۵ پایه آی وی ________________
۰۲۶ کتاب ثبت لابراتورا ________________
۰۲۷ دیگر ________ ________________

۰۲۸ از کدام شکل یا متود های تعقیم بخاطر تعقیم سامان و لوازم استفاده میگردد؟ (بدور آن دایره بکشید).

ای. جوش دادن
بی. الکهول
سی. اوتوکلو
دی. شستن یا ریختن آب بالای سامان
اِی. فارمل تابلیت
اِف. سولون
جی. دیگ بخار
اِچ. دیگر ________

ششم: پروگرام های خدمات کلینیکی

۳۲. کدام یك از خدمات صحی ذیل را کلینیك مهیا میسازد: بطور خلاصه هر یك را تشریح نمائید (کارمندانی را که در مناطق بخصوص برای این وظایف تعیین گردیده اند معرفی نمائید).

خدمات	شرح خدمات
ای. مراقبت قبل و بعد از ولادت	________________
بی. تربیت یا تعلیمات برای دائی	________________
سی. مواظبت اطفال یا صحت اطفال و ارزیابی نموی آنها.	________________
دی. مراقبت های صحی دیگر	________________
ای. معافیت	________________
اف. احیا سازی یا بحالت اول بر گردانیدن	________________
جی. عضو مصنوعی	________________
اچ. تبرکلوز	________________
آی. کنترول ملاریا	________________
جی. تعلیمات صحی	________________
کی. مریض و تعلیمات یا تحصیلات اجتماع	________________

(بطور مثال پوستر هابخاطر تدریس، رفتن به منازل و غیره جهت تدریس مردم.

هفتم: مشکلات یا پرابلم های صحی

زمانیکه میخواهید این بخش سوالات را تکمیل نمائید، لطفاً به اسناد وریکارد ها اگر امکان موجودباشد مراجعه نمائید. در غیر آن معلومات را بصورت تخمینی از کارمندیکه خوبتر آگاه است بدست بیآورید. منبع معلومات را معرفی نمائید).

۲٤. کدام یك از پرابلم های صحی ذیل که بیشتر عمومیت دارد در هر ۱۰۰ مریض تشخیص گردیده است؟ (ماه های زمستان و تابستان را جداگانه نشان دهید).

منبع معلومات:ـ از ریکارد ( ) به اساس تخمین کارمند صحی ( )

پرابلم های صحی	در ۱۰۰ مریض در تابستان	در ۱۰۰ مریض در زمستان
ای. مریضی های مربوط به اسهال (پیچش، آمیب)		
بی. امراض سیستم تنفسی (ریزش، سینه وبغل، برانکایتس)		
سی. ملاریا		
دی. امراض چشم (التهاب منضمه، تراخم)		
اِی. امراض جلدی (به استثنای جذام)		
اف. پرابلم های سیستم تناسلی		
جِی. پرابلم های غذائی		
اچ. صدمات ناشی از ماین		
آی. صدمات ناشی از جنگ (نه ماین)		
جی. امراض گوناگون (سر دردی،ضعیفی و غیره)		
کی. دیگر ______.		

۲۵. کدام یك از پرابلم های خصوصی ذیل را تداوی کرده اید؛
در ٤ هفته و یا در ۳ ماه اخیر وتایه و تشخیص شده است.

منبع معلومات: ـ از ریکارد ( ) تخمین کارمند صحی ( )

پرابلم صحی	در ٤ هفته اخیر	در ۳ ماه اخیر
ملاریا (تداوی شده است)		
پرابلم مربوط به حاملگی (وتایه برای)		
تیتانوس درطفل نو زاد (در مورد شنیده شده		

پرابلم صحی	در ٤ هفته اخیر	در ۲ ماه اخیر
صدمات جنگی (نه ناشی از ماین، تداوی شده است)		
صدمات ناشی از ماین (تداوی شده است)		
توبرکلوز (تشخیص، تداوی شده است)		
سرخکان (اطفال تحت سنین ٥ سال)		
فلج (در مورد آن شنیده شده است)		
جذام (تشخیص شده است)		
جاغور (تشخیص شده است)		
پرابلم صحی دیگر		

۲٦. سه علت عمدهٔ که سبب مرگ مردان، زنها، و اطفال میگردد چه است؟ لطفاً سه واقعه مرگی را که در کلینیك شما در ماه های گذشته واقع شده، نام، سن، وتاریخ مرگ مریض را یاداشت نمائید.

منبع معلومات: ـ ریکارد ها ( ) تخمین کارمند صحی

	تشخیص	سن	تاریخ مرگ
مردها			
زنها			
اطفال تحت سنین ٥ سال			

هشتم: راجع سازی یا فرستادن کیس های مشکل

۲۷. کیس های مشکل به کجا فرستاده میشود؟ چه تعداد کیس ها در سه ماه گذشته به جای دیگر فرستاده شده اند؟

راجع سازی	تعداد کیس های راجع شده درهفته	تعدادمجموعی در۳ماه	نام وموقعیت
ای. کیس ها به جای فرستاده نمیشود			
بی. به کلینیك یا مرکز صحی قریه دیگر	________	________	________
سی. به کلینیك یا مرکز صحی ولسوالی دیگر	________	________	________
دی. به کلینیك یا مرکز صحی پاکستانی	________	________	________
ای. به کلینیك یا مرکز صحی دولتی	________	________	________
اف. دیگر ________	________	________	________

۲۸. آیا کدام مرکز صحی یا کلینیك دیگر در ولسوالی موجود است؟ لطفاً نوعیت، نام ارگانی را که توسط آن تأسیس واکمال میشود، فاصله آن را نسبت به کلینك بنوسید، وهمچنان دریابید که آیا از مردم پول اخذ مینمایند یا خیر؟
خیر؟

کلینیك یا مرکز صحی	ارگان مربوطه	فاصله	اخذ پول
________	________	________	بلی نی
________	________	________	بلی نی
________	________	________	بلی نی
________	________	________	بلی نی

نهم: کارمندان صحی

۳۹. لطفاً معلومات ذیل را در مورد هر یك از کارمندان صحی فراهم نمائید(کارمندانیکه مواظبت های صحی را فراهم مینمایند نه انضباط، مستخدم وغیره).

اسم	ولد	خانه ولایت، ولسوالی	سمت	تعلیمات در کجا چند ماه	مبلغ معاش پرداخت توسط

۱. ____

۲. ____

۳. ____

٤. ____

۵. ____

دهم: خطوط اکمالاتی صحی

۴۰. از کدام متود های انتقالاتی جهت انتقال ادویه از سرحد پاکستان به کلینیك استفاده میگردد؟ در مجموع چند روز را در بر میگیرد؟

	تعداد روز ها
ای. ترك	____________
بی. موتر سایکل	____________
سی. پشت حیوان	____________
دی. جوالی یا حمال	____________
اِی. دیگر ______	____________

۴۱. انتقال ادویه از پاکستان به راه:
ای. اعظم ورسك
بی. چترال
سی. میران شاه
دی. کویته
اِی. تری منگل
اِف. دیگر _____

FREEDOM MEDICINE
MONITORING MISSION REPORT

Summary Report of FM Clinics
Monitored in Badakshan Province

October 1990

Denise Natali
Director - Cross Border Activities

Freedom Medicine, Inc.
4A Railway Road
University Town, Peshawar

Telephone 42505/42300

٤٢. آیا کدام راه اکمالاتی بسته است؟ اگر است ، کدام یك؟ چرا؟

____

____

____

٤٣. ادویه به کلینیك رسیده است :

ای. تماماً بدون کم وکاست یا دست نخورده

بی. یکمقدارآن صدمه دیده است (بصورت اعظمی تعداد ________ مجموعی)

سی. دیگر ______

٤٤. چه اصلاحاتی، اگر کدام اصلاحی در سیستم انتقال ادویه موجود باشد؟

____

____

____

____

خلاصه ارزیابی

۴۵. لطفاً، تمام ارزیابی های خود را در مورد کارمندان صحی و کلینیک های که درآنها کار مینمایند فراهم وتکمیل نمائید. از میزان ۱ـ ۵ استفاده نموده نمبر ۱ نقطه ضعف و نمبر ۵ اجرأت عالی را نشان میدهد.

	ضعیف		خوب		عالی
ای. شکل ظاهری کلینیک	۱	۲	۳	٤	٥
بی. نظافت کلینیک	۱	۲	۳	٤	٥
سی. نظم واداره کلینیک	۱	۲	۳	٤	٥
دی. مئوثریت کلینیک	۱	۲	۳	٤	٥
اِی. روش کارمندان صحی همراه مریضان	۱	۲	۳	٤	٥
اِف. مورد احترام قرار گرفتن کارمند صحی در اجتماع	۱	۲	۳	٤	٥
تفصیلات ____________	۱	۲	۳	٤	٥
____________	۱	۲	۳	٤	٥
____________	۱	۲	۳	٤	٥
جِی. نظر کارمند صحی در رابطه به کارش	۱	۲	۳	٤	٥
اِچ. همکار در بین کارمندان به چه شکل بوده است؟	۱	۲	۳	٤	٥

۴٦. لطفاً، در مجموع اگر به کدام مشکلی درحین ارزیابی برخورده اید توضیح دهید.

____

____

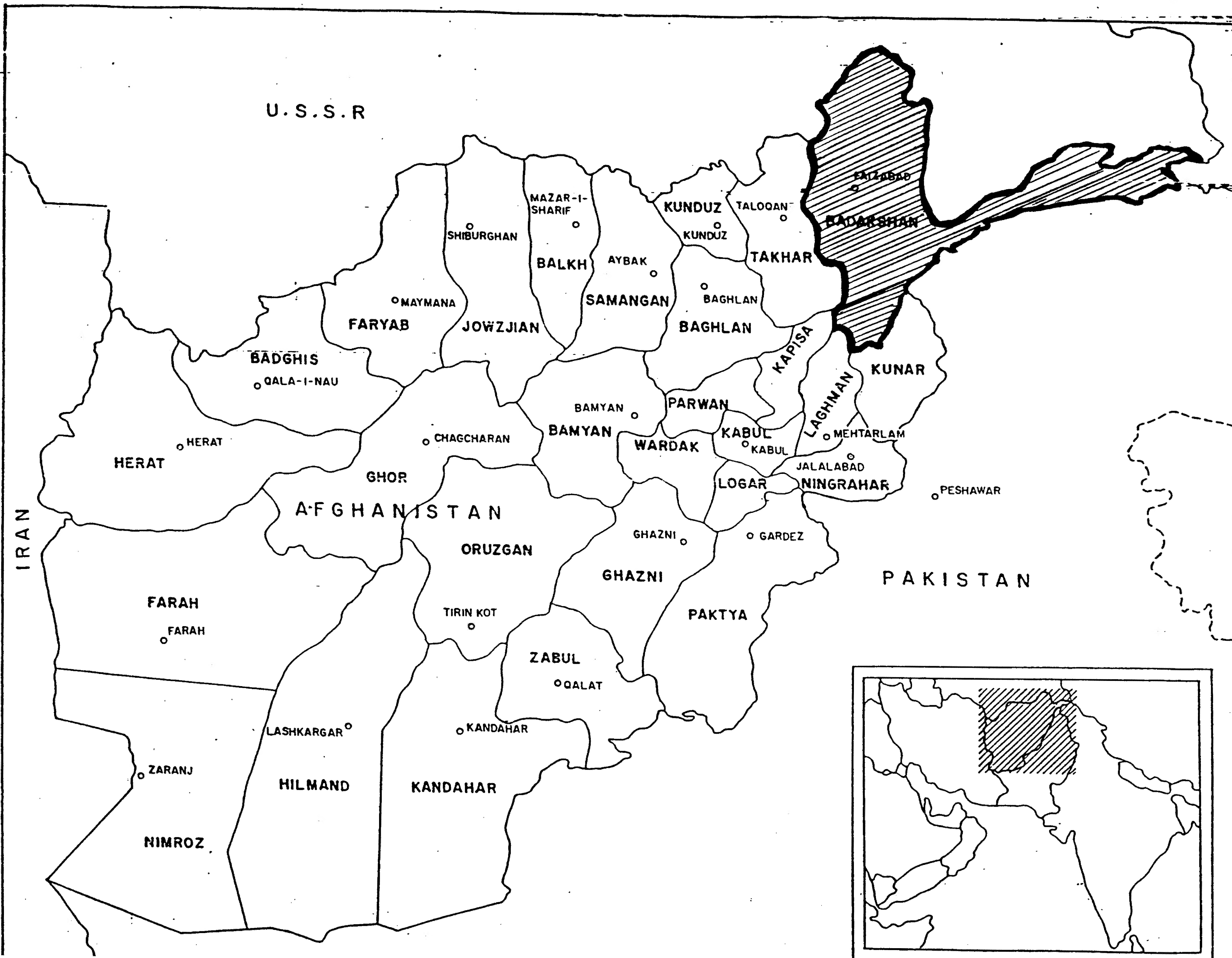
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پایـــــان

CLINIC CHARACTERISTICS – BADAKSHAN PROVINCE

CLINIC	# ROOMS	LATRINES	WATER SOURCE	WASTE DISPOSAL
1. Bismullah/ Lutfikhuda	4	None	River/Drinkable	Burn/Bury
2. Mahboobulah	3	None	River/Drinkable	Burn/Bury
3. Amanullah/ Sadruddin	4	None	River/Drinkable	Burn/Bury
4. A. Fatah	1	None	Stream/Drinkable	Burn/Bury
5. M. Nazim	3	None	Stream/Drinkable	Burn Bury
6. A. Qadir	2	None	Well/ Drinkable	Burn/Bury



U.S.S.R
IRAN
PAKISTAN
AFGHANISTAN
FAIZABAD
BADAKSHAN
KUNDUZ
KUNDUZ
TALOQAN
TAKHAR
MAZAR-I-SHARIF
BALKH
SHIBURGHAN
AYBAK
SAMANGAN
BAGHLAN
BAGHLAN
MAYMANA
FARYAB
JOWZJIAN
BADGHIS
QALA-I-NAU
KAPISA
KUNAR
LAGHMAN
MEHTARLAM
PARWAN
BAMYAN
BAMYAN
KABUL
KABUL
WARDAK
JALALABAD
NINGRAHAR
LOGAR
PESHAWAR
HERAT
HERAT
CHAGCHARAN
GHOR
GHAZNI
GHAZNI
GARDEZ
PAKTYA
ORUZGAN
TIRIN KOT
FARAH
FARAH
ZABUL
QALAT
LASHKARGAR
KANDAHAR
KANDAHAR
ZARANJ
HILMAND
NIMROZ

TABLE OF CONTENTS

اول: معلومات مربوط به مشخصات و شناسائی مرکز صحی یاکلینیک

اسم مانیتور ______________ تاریخ ملاقات ______________

مصاحبه دهنده ______________ مدت ملاقات ______________

نام مرکز صحی یاکلینیک ______________ تاریخ تأسیس ______________

ولایت ______________ قوماندان ______________

ولسوالی ______________ امیر ______________

قریه ______________ تنظیم ______________

۱. چه کسی مصارف تعمیر کلینیک را پرداخته و توسط کی اعمار گردیده است؟

____

____

۲. نام ساحه یا محل مشهوری که در نزدیکی کلینیک واقع گردیده، راه کلینیک و مسافه آن به کیلومتر.

____

____

۲. موقیعت کلینیک به اساس طول البلد و عرض البلد در نقشه، اگر معلوم باشد.

____

____

دوم: مشاهده یا ملاحظه کلینیک یا مرکز صحی

٤. لطفاً از قسمت های متذکره ذیل کلینیک عکس برداری نمائید:
الف. از قسمت پیش روی.
ب. از داخل کلینیک و درجائیکه ادویه ذخیره شده است.
ج. بیت الخلا.
د. منبع یا از جایی که آب تهیه میگردد.
ی. محل جمع آوری اشیای بیکاره.

٥. در کدام یك از مناطق ذیل کلینیك قرار گرفته است؟
ای. مرکز ولایت
بی. مرکز ولسوالی
سی. مرکز علاقداری
دی. قریه
اِی . بیرون از قریه
اِف. در کمپ نظامی یا مرکز نظامی مجاهدین
جی. دیگر ________.

٦. کدام یك از امکانات ذیل در فاصله ٢٠ دقیقه پیاده بدور از کلینیك واقع گردیده است؟ (بدور آن دایره بکشید):
ای. مکتب
بی. بازار
سی. دوا خانه یا دوا فروشی
دی. دوایر دولتی
اِی. کمپ یا مرکز مجاهدین
اِف. اداره فعالیت های زراعتی
جی. دیگر ________